

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91442 049 ***150.00

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DOCUMENT # **P02000079827**

1. Entity Name
EKANEH SUCCESS SYSTEMS INC.



Principal Place of Business
~~1180 COURT ST~~ **New**
CLEARWATER FL 33756

Mailing Address
~~1180 COURT ST~~ **New**
CLEARWATER FL 33756



2. Principal Place of Business
1196 Court Street
Suite, Apt. #, etc.

3. Mailing Address
1196 Court Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Clearwater FL
Zip
33756 Country
USA

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Clearwater FL
Zip
33756 Country
USA

4. FEI Number
68-0515045 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DICKSON, DAVID A
~~1180 COURT ST~~ **New**
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1196 Court Street
City **Clearwater** **FL** Zip Code **33756**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE **4/26/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D DICKSON, DAVID A 1180 COURT ST CLEARWATER FL 33756	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D DAHLHAUSER, HELEN 1180 COURT ST CLEARWATER FL 33756	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/03** (727) 449-9452
Daytime Phone #

CR2E034 (10/02)